

Dr. Howard Koh

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Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of the future. This week, Mark and Margaret speak with Dr. Howard Koh, the Harvey V. Fineberg Professor of Practice and Public Health Leadership at the Harvard T.H. Chan School of Public Health. He's also at the Harvard Kennedy School and Faculty Co-Chair of the Harvard Advanced Leadership Initiative. He talks about the inadequate federal leadership on the pandemic, and what has led to a high death toll from COVID-19 here in the US and talks about how we should move forward through the pandemic.

Lori Robertson also checks in Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday life. If you have comments, please email us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to podcast. You can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Harvard's Dr. Howard Koh here on Conversations on Health Care.

Mark Masselli:

We're speaking today with Dr. Howard Koh, the Harvey V. Fineberg, Professor of the practice of Public Health Leadership at the Harvard T.H. Chan School of Public Health and the Harvard Kennedy School. He's a faculty co-chair of the Harvard advanced Leadership Initiative.

Margaret Flinter:

Dr. Koh previously served as the Assistant Secretary for Health for the US Department of Health and Human Services under President Obama. Prior to that he was the Commissioner of Health for the Commonwealth of Massachusetts under Governor Weld. He's published more than 300 papers in the field of public health and earned numerous awards for his service, including the Dr. Martin Luther King, Jr. Legacy Award for National Service, and the Sedgwick Memorial Medal from the American Public Health Association. Dr. Koh we welcome you back to Conversations on Health Care today.

Dr. Howard Koh:

Thank you so much, Margaret and Mark.

Mark Masselli:

Dr. Koh, you've led a distinguished career in the service of public health. I would imagine that all the training that you might have had, might not have fully prepared you for the

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unprecedented times that we're in certainly COVID-19 has paved the way for some new rule books to be written in the public health arena. I'm wondering if you could put in perspective how you think it will reshape the way the public health community grapples with pandemics and global threats in the future.

Dr. Howard Koh:

Mark and Margaret, here we are in the worst pandemic our country has faced in a century. Perhaps the only silver lining out of the last number of months is that everybody now knows what public health is. I used to tell my students here in a very important field, it's life saving, it's critical, but it's invisible. I don't say that anymore. This is really front and center for the country and the world, and its importance is there for all of us to see. I'm hoping that as we move forward, we can learn from this, we can rally the country and the world against this virus in a much more united fashion going forward. Then when this is past us, I hope we can learn and vow that we should never go through this again. The only way to do that is to build the strongest public health system possible. The only way to do that is to emphasize how important the power of prevention is, not only for us as a society, but also for each of us as individuals.

Margaret Flinter:

Well, Dr. Koh I know your career has been about leadership, and I know that's something that you've helped instill in a generation of students and trainees as they came after you. But we're living through really a case study of what leadership maybe should look like during a global pandemic. We follow the work of other countries, New Zealand, Vietnam, initiated well crafted protocols from the top down and led with them and managed to significantly contain the outbreak. We can't help but compare this to what is going on in this country.

An article came out in the New England Journal of Medicine, decrying a leadership vacuum in the administration which really has led to the failure to be able to effectively address the pandemic. We lead the world in bad outcomes in cases and deaths. What kind of discussions are you having at the Harvard Leadership Institute to address what most would agree is a failure of leadership in a crisis and conversely, public health absolutely we need, but we also need leadership so we have kind of failures in what we do next time to not have this outcome.

Dr. Howard Koh:

Margaret and Mark, I've had the great honor of thinking a lot about public health leadership, studying it, writing about it, and now teaching it at the Harvard Chan School of Public

Health. When you stop and think about it, our leadership is a fascinating topic. If you look at the literature, so much of it is based on studies in business or in the military or even in sports. Often the model are to have one person being the CEO or the or the individual hero riding on a stallion and expecting people to follow him or her, usually a him actually. In public health the model is completely different. There is no one person who has an answer. These challenges are enormous and complicated, what some people call wicked problems.

The only way to advance leadership in situations like this, like we're facing in public health is to bring people together, emphasize that everybody has a contribution to make, have a united unified strategy, and then move forward and call on all people to make contributions and even sacrifice. I think all those themes are coming into play right now. We could use a lot more public health leadership in this country and the world. That's what the New England Journal editorial was commenting on.

Mark Masselli:

Well, that's a great observation. I really want to pull the thread on the leadership conversation because there have been some questionable decisions made at the top, the White House, maybe at HHS and CDC, and maybe the FDA as well. We have leading scientists like Dr. Fauci who have been ignored sort of sideline through this. You have the former Centers for Disease Control and Prevention Director William Foege urging the current CDC Director, Dr. Robert Redfield to speak out about the sort of colossal failure. I'm wondering, how do you really bring people together, some of those scientists are making enormous sacrifices, not abandoning their post. I'm wondering how the pieces get picked up after this. I think there has been some real concern that there's been a failure of leadership.

Dr. Howard Koh:

Mark, I've had the incredible life experience of being the state Commissioner of Public Health in Massachusetts, during 9/11 and anthrax, that was a very difficult period for our state and our country and all of us in the field, then. Then later, when I began as assistant secretary at HHS in 2009, H1N1 was on the horizon. From the day I started in during 2009 I joined thousands of colleagues in federal government working together to try to face that threat that ultimately came that fall and beyond.

Let me just start by saying I have great respect for anybody in a public position right now trying to address this pandemic, it is not easy, it's very difficult, it just stretches you to the limit. But what you have to do is, first of all, face the facts in a very

honest way, and then communicate what you know to the public in an unflinching fashion, and put science front and center. If you can do that, and show the public that you understand that this is a tough challenge with no easy answers, or if you're willing to bring people together to have a unified and united way going forward, that can help people rally around a common mission and get to the other side. That's what I'm hoping we can do.

Even now it's very late. We're into month nine of this pandemic response and counting, but it's not too late. We have a potential COVID vaccine on the horizon, it's going to be critically important to get that approval process going forward in the most scientific and rigorous way. In the meantime, right now we have a seasonal flu vaccination efforts going on as well. These are all very important public health efforts where we need public cooperation and trust and confidence.

Margaret Flinter:

Well, Dr. Koh, it's not like we were unaware, but COVID has certainly shone a spotlight on the disparities in health and health care and health outcomes among our vulnerable populations here in the United States over these last seven months. You recently hosted a forum at the School of Public Health at Harvard on public health solutions for vulnerable populations and noted that the pandemic is accelerating, other humanitarian crises both here at home and also abroad. Can you talk about some of those vulnerabilities that are being exposed by the pandemic and how the global health community is coming together to try and confront some of these underlying challenges?

Dr. Howard Koh:

These issues are very important to me not just as a public health professional and as a physician, but as a son of a very proud immigrant family. We have seen in very stark terms how this pandemic has exposed the fault lines of our society and really shined a light on the inequities in our country and indeed, worldwide. We have all seen how COVID has impacted communities of color in disproportionate ways. These are issues that are now front and center for us with respect to racial equity, as well.

The forum you mentioned had some new data unveiled by my great colleague, Professor Bob Linden [PH]. He showed that the major impacts of COVID on families in addition to health were, of course, economics. So many families are fearing for their financial future, even to the point of being concerned whether they can pay their rent and keep their housing going forward. Part of that conversation is to talk about, again, how

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we prevent evictions, and not risk having the current homelessness crisis in our country be magnified in the future.

In the past, people may not have thought of that as a public health conversation. But it is. This is a time where we have to think about all the social determinants of health, housing, food, transportation, education. That's the challenge. But the solutions also come from leaders in that sector. If we can build nontraditional partnerships with colleagues from those sectors, they can be the new public health partnerships for the future.

Mark Masselli:

We're speaking today with Dr. Howard Koh former Assistant Secretary of the Department of Health and Human Services. Dr. Koh, we had one of your colleagues on our show a while ago, David Gergen, and he was talking about America has this uniquely American way of tackling challenges, sometimes to our detriment. I think you sort of wrote about that when you wrote about the 50 state solution is no way to address the global pandemic. We're still very divided in terms of our approach to safety protocols, largely along geographic and political lines. You were talking about the fault lines of our society. How do we address the inherent cultural dissonance in this country so that we can do a better job in addressing the crisis when they arise?

Dr. Howard Koh:

Well, that's a great question, Mark, and you're right. In this country, we have so much respect for autonomy, and in this case, state rights. I respect that a lot as a former Massachusetts Commissioner of Public Health. Deferring to states to make public health decisions is absolutely appropriate in usual times, but these are not usual times. This is the worst pandemic we have faced in a century, and the deaths and cases keep rising. It's exactly a critical challenge for public health leadership to say, okay, we have to face the facts and develop a united strategy and ask all 50 states to rally around that going forward.

We had so many moments over the last nine months, where states were even competing against one another for tests, supplies, and for PPE and, at a time, even for ventilators earlier on in the pandemic response. That's not the way for a nation to rally around a common response going forward. We also point to the fact that there were very good criteria put forward by the CDC about how to reopen after the shutdown was implemented by the President in March and April. But we didn't hold the states to those standards, so states opened up as they wished, and there was no accountability, there was no

coordination and so we have lost many months.

The tragedy, Mark and Margaret, is that we now look back and also look forward with great concern about the losses that should have and could have been prevented. One thing I learned as a clinician for so many years for my patients, when a loved one dies, that's a tragedy. But when a loved one dies, and you know that death could have been prevented, that just haunts you for the rest of your life. We now have thousands of families going through that right now, and that's just absolutely not acceptable. We have to double down on prevention and public health right now, and get the country ready for vaccination programs for just like the seasonal flu, and also for COVID vaccination, which I hope can come sooner rather than later.

Margaret Flinter:

Well, let's talk about that COVID vaccination, we're very focused on flu right now but we have to be ready to move forward with COVID vaccine as soon as it's available. But you know from your time as Commissioner of Massachusetts and then at HHS, and now that vaccine hesitancy is a real concern, and it's a real concern prior to COVID. We saw it with measles. We've seen it with other childhood immunizations. Now with what fairly are not as seen as the politicization of CDC and FDA, may be even more vaccine hesitancy around the upcoming COVID vaccine than we've ever seen before with other vaccines. As you look at this knowing that this is the pivot and the trajectory of the pandemic that we've been waiting for, how are you looking at strategies for addressing resistance to any vaccine? This is a public health campaign, I think, unlike any other and we'd be really interested in your thoughts on that.

Dr. Howard Koh:

Here's the nightmarish scenario that we all desperately need to avoid that sometime soon we have a safe, effective, life saving, FDA approved COVID vaccine, and no one wants to take it because they don't have trust and confidence in government. We just cannot allow that to happen, because if it does, this pandemic is just going to go on indefinitely. I just wrote an op-ed in the Boston Globe, emphasizing five key steps that I think our nation needs to undertake to avoid that nightmare scenario. First is to make the COVID vaccination approval process a rigorous and scientific one. Make sure that there's lots of outside expert insights into this, and have the science drive the approval process. The CDC and FDA has gotten a chair of criticism over recent months, and they have to demonstrate that the approval process going forward is the absolute highest standards.

Now, we as a country know how to do this because we have decades of experience with vaccine approval. If the public health agencies are allowed to do their job, this vaccine can come forward and be hopefully safe and effective and save lots of lives. Secondly, we have the flu vaccination efforts going on right now. This is a way to protect people against that threat, and also show that there is a system of public health working on their behalf. If we do that well this fall, hopefully it could be an on ramp to the COVID vaccination campaigns to follow.

Third, we need great communication to synchronize both vaccination campaigns. We need top scientists like Dr. Fauci doing that communication. Fourth, we need to combat the misinformation on social media that's contributed to the social interest in vaccine hesitancy, which is very concerning, Margaret. We are seeing tech companies not doing more to block misinformation because there's so much bad information floating out around out there that's contributing to skepticism about vaccination.

Fifth, we need a global view on this. There's a very important global effort called COVAX to try to bring some two billion COVID vaccines to many countries around the world by the end of next year. Right now that the United States is not interested in contributing to that. But that's got to be reexamined, hopefully by the next administration, because if we don't tackle this from a global point of view, and just focus on the US, this is just going to recur over and over again in our country.

Mark Masselli:

I want to connect the dots in a couple of things you said, one, about trust in science. The COVID narrative recently took a dramatic turn when the President held one of many public events, really avoiding all public health protocols, no mask, no social distancing, and generated a pretty significant cluster of positive COVID-19 cases among his inner circle. The White House seems to be blocking the CDC's efforts to do contact tracing. Also, we're now hearing of a potential cure by an experimental monoclonal antibody treatment that seems to only been available to a handful of people.

If you look at this approach to the pandemic, could you reiterate for our listeners the importance of taking all of the preventative measures in lieu of the successful vaccine till we get there the end of the year or early next year. What's your message to the public here? Why are these preventative measures really the best way to save lives?

Dr. Howard Koh

Dr. Howard Koh:

If you take a broad view on where we are, we all want desperately to find a cure for COVID but we don't have that. We all want a life saving vaccine, we don't have that either, although there's been a lot of progress toward that goal. What do we have that we know works? We have public health and prevention. We know social distancing works and can save lives. We know that universal mask usage can save lives. By the way, we should have had a national requirement on this months ago, but again, we've had a state by state process and so that's led to the patchwork responses that we're seeing right now.

We of course, know that avoiding large crowds is critically important. Then when clusters arise, implementing contact tracing as you mentioned, Mark, is absolutely important. That's the only way to shut the outbreak down, and you got to do that in a timely and coordinated fashion. Right now we're seeing outbreaks to the highest levels of government. It, once again shows how critically important public health is. When we started, this was viewed as a health crisis but we now understand it's a business crisis. It's an education crisis. But more recently, it's a continuity of government crisis and a national security crisis. The only way to solve that cascade of challenges is to take care of the health crisis first, so that's what we got to do. It's late but it's not too late. The only way to get there is through prevention in public health until we get cures and vaccine available for us.

Margaret Flinter:

We've been speaking today with Dr. Howard Koh, the Harvey V. Feinberg Professor of the Practice of Public Health Leadership at the Harvard Chan School of Public Health and the Harvard Kennedy School. You can learn more about his very impressive body of work by going to hsph.harvard.edu/howardkoh or follow him on twitter @Dr. Howard Koh. Dr. Koh, we want to thank you so much for joining us again today for your incredible contributions to the field of public health for all the training that you've done of the next generation. Thank you for joining us again today on Conversations on Health Care.

Dr. Howard Koh:

Thank you so much. It's a pleasure.

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Mark Masselli:

At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim

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to reduce the level of deception in US politics. Lori, what have you got for us this week?

Lori Robertson:

Democratic presidential nominee Joe Biden claimed President Donald Trump's effort in court to nullify the Affordable Care Act would "take 100 million people with preexisting conditions and move them in a direction where they can't get coverage." But they wouldn't all lose coverage as the claim misleadingly suggests, barring highly unlikely circumstances. It's true the Trump Administration has backed a lawsuit seeking to invalidate the Affordable Care Act. A decision from the Supreme Court on the case isn't expected until next year and the ACA increased protections for those with preexisting medical conditions. Doing away with it would have repercussions.

The ACA prohibited insurers from denying coverage charging more or excluding coverage of certain conditions based on health status. The 100 million figure which comes from a 2018 report by the consulting firm Avalere is an estimate for the number of Americans outside of Medicare and Medicaid with preexisting conditions, including cardiovascular diseases, mental health disorders, obesity and diabetes. Without the ACA, they'd lose the preexisting condition protections in that law. But to be at risk of being denied insurance, they would have to seek coverage on the individual market or those without employer or public insurance by plans.

Only 6% of the population gets coverage on the individual market, while 49% have employer based plans. Before the ACA, those buying plans on the individual market could face denials or higher premiums based on their health. Employer based plans, however, couldn't deny insurance before the ACA, but they could decline coverage for some preexisting conditions for a limited period. Biden made his claim in a late August interview on CNN. His campaign pointed out to us that the 100 million would be at risk of not being able to get coverage, those Americans would have to be seeking coverage on the individual market to be denied an insurance plan outright. That's my fat check for this week. I'm Laurie Robertson, Managing Editor of FactCheck.org.

Margaret Flinter:

FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on

Health Care.

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Mark Masselli:

Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Anxiety disorders are on the rise among the nation's youth, and experts in the field of child psychology feel the condition starts much earlier in childhood, and it's far more common than previously thought, with an estimated one in five children being affected. But too often these so called internalizing disorders go undiagnosed. Unlike children with more expressive conditions such as ADHD or Autism Spectrum Disorder, young kids struggling with anxiety or depression often internalize their symptoms, and may just seem like an introvert to the casual observer.

University of Vermont child psychologist Ellen McGinnis says the process of diagnosis for younger children is often painstaking and can take months to confirm. Dr. McGinnis says the traditional method of diagnosis involves creating scenarios that induce anxiety followed by behavioral observation by clinicians and the results can be inexact. She teamed up with her husband and fellow researcher, biomedical engineer Ryan McGinnis to create a wearable sensor that can pick up on physical cues that suggest the presence of anxiety using accelerometers and simple algorithms to compare normal stress responses.

Dr. Ellen McGinnis:

The device is called an inertial measurement units, and it's about the size of a business card, and we strap that to belts on each child. When they did the mood induction task, it has an accelerometer in it and so we're able to pick up angular velocity speed, how much the child is bending forward and backward. It actually picks up 100 samples per second, so much more than the eye can see. We were able to see if kids with anxiety and depression move differently in response to a potential threatening information, and they do. Kids with disorder turn further away from the potential threat than kids without a disorder.

Mark Masselli:

Their research paper shows the device was nearly 85% accurate in making a correct diagnosis. She says early diagnosis is the key to avoiding more damaging manifestations of anxiety disorder later on. A simple wearable tool that can assist parents and clinicians in determining if a child is suffering from anxiety disorder leading to less guesswork and more rapid diagnosis and treatment. Now that's a bright idea.

Dr. Howard Koh

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to podcast. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.